



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7<sup>th</sup> Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form SR-1**

(As Revised April 2016)

(Previous versions of this form may no longer be used and will not be accepted.)

**Campaign Report of Charitable Solicitation  
by an Independent Paid Fund Raiser or Fund-Raising Counsel**

(Without custody, control, possession or access to the charitable organization's contributions.)

**All of the questions must be answered.**

**This form must be signed by the officers of both the charity and the independent paid fund raiser or fund-raising counsel.**

**Section I**

**1. Name of Independent Paid Fund Raiser or Fund-Raising Counsel:**

N.J. Registration Number: PFR-\_\_\_\_\_-00 Phone Number: (\_\_\_\_)\_\_\_\_\_ Please check if the address has changed ☐

Mailing Address: \_\_\_\_\_

Address City State ZIP code

Street Address: \_\_\_\_\_

Street Address City State ZIP code

**2. Name of Charitable Organization:** \_\_\_\_\_

N.J. Charities Registration Number: CH-\_\_\_\_\_-00 Phone Number: (\_\_\_\_)\_\_\_\_\_ Please check if the address has changed ☐

Street Address: \_\_\_\_\_

Street Address City State ZIP code

**3. Dates of Solicitation:** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Event: \_\_\_\_\_

Is this a final report? ☐ Yes ☐ No If "Yes," enter the date the solicitation ended (month/day/year): \_\_\_\_\_

**4. Method of Solicitation (check all that apply):** ☐ Phone ☐ Direct ☐ Mail ☐ In-Person/Door to Door ☐ Internet  
☐ Text Message ☐ TV ☐ Radio ☐ Newspaper/Magazine ☐ Other (specify) \_\_\_\_\_

Purpose of Solicitation: \_\_\_\_\_

**5a. Mailing address** to which the contributions were directed:

Street/P.O. Box Address: \_\_\_\_\_

Street or PO Box Address City State ZIP code

**5b. Name and address of any company or any individuals** who picked up any contributions during this solicitation campaign (please attach separate listing if necessary):

6a. **Name of Bank and Branch** (where contributions were deposited) : \_\_\_\_\_

6b. **Bank Branch's Full Street Address:**

Street Address: \_\_\_\_\_  
Street Address City State ZIP code

6c. **Name of the organization as it appears on the bank account:** \_\_\_\_\_

6d. Name and Titles (Positions) of signatories on the bank account: \_\_\_\_\_

6e. **Bank Account Number:** \_\_\_\_\_

7a. **Event Information:**

Type of event: \_\_\_\_\_ ☐ *Not Applicable*

7b. If the solicitation involved the sale of tickets to an event, performance or affair, please provide the following: ☐ *Not Applicable*

Location of event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Total number of seats or places available: \_\_\_\_\_ Printed tickets are numbered from: \_\_\_\_\_ to \_\_\_\_\_

7c. **Ticket Price Information:** ☐ *Not Applicable*

Tickets sold in each price category:	Total Sale
_____ Sold at \$ _____	\$ _____
_____ Sold at \$ _____	\$ _____
_____ Sold at \$ _____	\$ _____
Ticket dollars received _____	\$ _____

8. **Advertising:** If the sale of advertising or other services were included in the solicitation, please describe below.

☐ *Not Applicable*

# Financial Report

## Section II

**Name of Independent Paid Fund Raiser or Fund-Raising Counsel:**

N.J. Registration Number: PFR-\_\_\_\_\_-00

**Name of Charitable Organization:**

N.J. Charities Registration Number: CH-\_\_\_\_\_-00

**Is this a final report?** ☐ Yes ☐ No, If "Yes," enter the date the solicitation ended: \_\_\_\_\_ (month/day/year)

1. **Gross Revenue** \$ \_\_\_\_\_

2. **Expenses - Fees, salaries and commissions**

a. Independent paid fund raiser's compensation	\$ _____	
b. Office manager's fee	\$ _____	
c. Weekly payroll	\$ _____	
d. Promotional fees	\$ _____	
Other (itemize)		
e. 1. _____	\$ _____	
f. 2. _____	\$ _____	
g. <b>Total (add lines 2a through 2f)</b>		\$ _____

3. **Expenses - Other**

a. Advertising (employment)	\$ _____	
b. Collection fees	\$ _____	
c. Furniture and equipment	\$ _____	
d. Office expenses	\$ _____	
e. Office rental	\$ _____	
f. List rental	\$ _____	
g. Postage	\$ _____	
h. Printing (solicitation material)	\$ _____	
i. Telephone	\$ _____	
j. Utilities	\$ _____	
Other (itemize)		
k. 1. _____	\$ _____	
l. 2. _____	\$ _____	
m. 3. _____	\$ _____	
n. <b>Total (add lines 3a through 3m)</b>		\$ _____

4. **Expenses - Direct Event**

a. Auditorium rental	\$ _____	
b. Booking fee/producer's fee	\$ _____	
c. Printing (tickets, program book)	\$ _____	
d. Event insurance	\$ _____	
e. Police and fire protection	\$ _____	
f. Show fee (performers)	\$ _____	
g. Entertainment taxes	\$ _____	
Other direct expenses (itemize)		
h. <b>Total (add lines 4a through 4g)</b>		\$ _____

5. **Total Expenses (add lines 2g, 3n and 4h)** \$ \_\_\_\_\_

6. **Amount retained by charitable organization** \$ \_\_\_\_\_

7. **Indicate here the total amount of uncollected pledges as of the date of the report:** \$ \_\_\_\_\_

**Important:** The sum of lines 5 and 6 should equal the amount shown on line 1 above. If it does not, please attach a complete explanation.

## Certification Section III

### CERTIFICATION

We certify under penalty of perjury that the information furnished in this report, including continuation sheets, is true and correct to the best of our knowledge.

**For the Independent Paid Fund Raiser or Fund-Raising Counsel:**

Signature of President, C.E.O., C.F.O. or Authorized Officer	Print Name	Print Title	Date
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**For the Charitable Organization:**

Signature of President, C.E.O., C.F.O. or Authorized Officer	Print Name	Print Title	Date
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### Form SR-1 Filing Requirements N.J.A.C. 13:48-9.1(f)

1. A fund-raising counsel or independent paid fund raiser that at any time has or intends to have custody, control, possession or access to a charitable organization's solicited contributions must file a form SR-1.
2. For campaign contracts lasting **less** than 12 months, Form SR-1 shall be filed within 40 days after the expiration of the contract.
3. For campaign contracts lasting **more** than 12 months, the SR-1 form must be filed within 40 days of the end of each of the charitable organization's fiscal years.
4. Upon the completion of a campaign contract lasting more than 12 months, a final SR-1 form shall be filed within 40 days after the expiration of the contract or service agreement.
5. Each SR-1 form shall be signed by an authorized official from the fund-raising counsel or independent fund raiser and an authorized official from the charitable organization.
6. Each SR-1 form shall be accompanied by a **\$10.00 fee** in the form of a check or money order made payable to the New Jersey Division of Consumer Affairs.
7. Mail the completed, signed **SR-1 form with the \$10.00 fee** to:

**N.J. Division of Consumer Affairs  
Charities Registration Section**  
P.O. Box 45021  
Newark, NJ 07101

Please visit our website <http://www.njconsumeraffairs.gov/charities> to view a copy of the statute N.J.S.A. 45:17A-18 et seq. (the N.J. Charitable Registration & Investigation Act) and/or the administrative rules N.J.A.C. 13:48-1.1 through 15.1. If you have any questions, please contact the Charities Registration Section at our hotline number **(973)-504-6215**, Monday through Friday, 9:00 am to 4:30 pm.